



# Medicaid EHR Incentive Program: Eligibility & Attestation

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Healthcare Intelligence

# Federal Legislation: Background



- 2009: HITECH Act
- 2010: Stage 1 Final Rule
- 2012: Stage 2 Final Rule
- 2014: CEHRT Flexibility Final Rule
- 2015: Stage 3 and Modifications to Meaningful Use in 2015 through 2017 Final Rule



# Bookmark It! – Iowa Medicaid HIT/EHR Website



- <http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/EHRincentives>
- Excellent tools, guides and info. available for providers
  - Attestation Tips & Patient Volume Calculation Assistance
  - Provider Patient Volume Template
  - FQHC/RHC Patient Volume Template



Medicaid EHR Incentive Program

# Eligibility & Incentive Payments

# Who is Eligible to Participate?



- **Medicaid Program**
  - **Physicians**
  - **Nurse Practitioners**
  - **Certified Nurse Midwives**
  - **Dentists**
  - **Physician Assistants working in a Federally Qualified Health Center or rural health clinic that is so led by a PA**



## Must meet the Medicaid Patient Volume (MPV) threshold

- 30% MPV (dentists, physicians, NPs, etc.)
  - \$21,250 incentive in first year, and \$8,500 in subsequent years
- Needy patient volume
  - FQHC or RHC
- The MPV must be a continuous 90-day period from the previous calendar year



# Medicaid Incentive Program Payments



CY	Medicaid EPs who begin adoption, or MU certified EHR technology in					
	2011	2012	2013	2014	2015	2016
2011	\$21,250					
2012	8,500	\$21,250				
2013	8,500	8,500	\$21,250			
2014	8,500	8,500	8,500	\$21,250		
2015	8,500	8,500	8,500	8,500	\$21,250	
2016	8,500	8,500	8,500	8,500	8,500	\$21,250
2017		8,500	8,500	8,500	8,500	8,500
2018			8,500	8,500	8,500	8,500
2019				8,500	8,500	8,500
2020					8,500	8,500
2021						8,500
TOTAL	63,750	63,750	63,750	63,750	63,750	63,750



**Last  
Year  
to  
Begin!**

# Last Chance!



- 2016 is the last program year to **initiate** participation in the Medicaid EHR Incentive Program
- 2016 attestation deadline: March 31, 2017, 11:59 pm





Medicaid EHR Incentive Program

# Calculating Patient Volume

# Medicaid Patient Volume (MPV)



- The Medicaid patient volume must be from a continuous 90-day period from the previous calendar year
  - i.e. Attest for 2016 program year, use a 90-day period of encounters from 2015 calendar year
- Patient volume may be calculated **either**:
  - a) individually for a single EP/dentist, **OR**
  - b) at the group/practice level to encompass all eligible EPs



# Medicaid Encounter Definition



- Services rendered on any one day to a Medicaid-enrolled individual, regardless of payment liability including zero-pay claims
- Such services can be included in provider's Medicaid patient volume calculation as long as the services were provided to a beneficiary who is enrolled in Medicaid during the reporting period.



# Medicaid Encounter Types



- The following Medicaid encounter types can be used to calculate patient volume:
  - Medicaid as primary or secondary insurance
  - Delta Dental Wellness Plan
  - Zero-paid
  - Unbilled
  - Magellan
  - Medicare crossover
  - Out-of-state
  - MediPass
- Note: Individuals meeting the definition of needy individuals, or those receiving assistance from CHIP (hawk-i) do NOT count toward the Medicaid patient volume, except for EPs meeting the definition of practicing predominantly in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).



# Patient Encounter Method for EPs



- An EP/dentist must **divide**:
  - The total Medicaid patient encounters in any representative, continuous 90-day period in the preceding calendar year; **by**
  - The total patient encounters in the same 90-day period.
  - The result must equal 30% or higher MPV



# Patient Encounter Method for Group



- Same calculation as on previous slide for EPs but encompassing all EPs within the group/practice/clinic
- Note the following guidelines for **Group** Patient Volume:
  - 1) The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP.
  - 2) There is an auditable data source to support the group practice's patient volume determination.
  - 3) All EPs in the group practice must use the same methodology for the payment year.
  - 4) The group practice uses the entire practice's patient volume and does not limit patient volume in any way.
  - 5) If an EP works inside and outside of the practice, then the patient volume calculation includes only those encounters associated with the clinic or group practice, and not the EP's outside encounters.

## Medicaid EHR Incentive Program

# You Determined You are Eligible: What's Next?

# First Need to Register – Step 1



## Registration Step 1:

CMS Medicare & Medicaid Registration & Attestation System

**Register** - <https://ehrincentives.cms.gov>

- For EPs, you must have an active National Provider Identifier (NPI) and have a National Plan and Provider Enumeration System (NPPES) web user account. Use your NPPES user ID and password to log into this system.





# First Need to Register – Step 2



## Registration Step 2:

- Approximately 1 day after Step 1 is complete, CMS electronically notifies Iowa Medicaid of your Step 1 registration. WATCH YOUR EMAIL for a message from Iowa Medicaid containing your link to complete registration in PIPP (Step 2).
- Follow the link in the email to register in the Iowa Medicaid EHR Provider Incentive Payment Portal (PIPP)



Medicaid EHR Incentive Program

# AIU and MU Stages

# MU Stage By Year



The chart illustrates the Medicaid MU path providers must follow from Stage 1 through Stage 3, based on the year they began participating

Program Year	2011	2012	2013	2014	2015	2016	2017	2018
2011	AIU	1	1	1 or 2*	2*	2*	2* or 3	3
2012		AIU	1	1 or 2*	2*	2*	2* or 3	3
2013			AIU	1*	2*	2*	2* or 3	3
2014				AIU	2*	2*	2* or 3	3
2015					AIU	2*	2* or 3	3
2016						AIU	2* or 3	3

STAGE OF MEANINGFUL USE CRITERIA BY PROGRAM YEAR

\* The Modifications to Stage 2 include alternate exclusions and specifications for certain Objectives and measures for providers that were scheduled to demonstrate Stage 1 of MU in 2015.

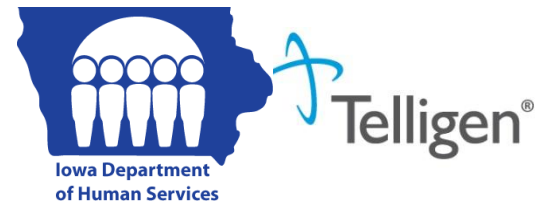
# Year 1 Incentive: AIU Payment





- Adopt/Implement/or Upgrade **(AIU)** a Certified Electronic Health Record Technology (CEHRT) system
- Know the name, version and description of your system
- Obtain the CMS EHR Certification ID for your system from your vendor and/or from the Certified Health IT Product List at <http://chpl.healthit.gov>
- Apply/attest for Year 1 Incentive payment in the Iowa Medicaid PIPP portal



# Apply For Year 1 (AIU) Incentive in PIPP



## Screenshot of Dashboard screen upon log-in to PIPP attestation system

**Iowa EHR Medicaid Incentive Payment Administration** User Acceptance Testing (UAT) 2.3.0

UserID:  
User Role: Self  
Provider:

[My Profile](#) [Log Out](#)

[Home](#)  
[Apply for Incentive \(Attest\)](#)  
[Appeals](#)  
[CMS Registration site](#)

### Dashboard

Correspondence:

Document Type	Date Sent	User	Method
CMS Registration Received	1/14/2014 6:00:30 AM	NLRBatchProcess	E-mail
Important DHS Health IT and EHR Program Website	7/5/2016 6:34:46 PM	0	E-mail

Payment History: [No Payment records found.](#)

**Current Status: CMS Received**

On this page, you will find a list of the correspondence sent to you by IME. In addition, you will be provided the status of your attestation.

**This system contains questions on multiple screens. The answers from each screen are stored at the time the individual screen is saved. Please be prepared to complete all questions upon entering an individual screen. The system will save the data only when an entire question screen has been completed successfully (including document upload requirements) with no errors. If you leave an individual screen prior to completing or resolving any errors, your data will not be saved for that individual screen. However, you may complete screens at different times and your answers will be saved for you to complete the remaining screens at a later time. Please refer to the Provider User Manual in the User Manual link for additional information.**

[User Manual](#)

**Contact Us**

Provider Information:

Carrie Ortega 515-974-3205  
Karmin Erwine 515-974-3214  
Connie Moss 515-974-3161

[imeincentives@dhs.state.ia.us](mailto:imeincentives@dhs.state.ia.us)



**Quick Links**

[CMS EHR Incentive Program Overview](#)  
[Certified Health IT Product List \(CHPL\)](#)  
[CMS Meaningful Use Calculator](#)  
[Iowa DHS Health IT & EHR website](#)

# Apply For Year 1 (AIU) Incentive in PIPP



## Screenshot of Provider screen

**Iowa EHR Medicaid Incentive Payment Administration** User Acceptance Testing (UAT) 2.3.0

UserID:  
User Role: Self  
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[My Profile](#) [Log Out](#)

[Home](#)  
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[CMS Registration site](#)

### Provider Attestation

Current Case

Provider:   
Address:   
City/State:   
Zip:   
Email:   
Status: CMS Received

Provider Type: Dentist  
NPI:   
Payee NPI:   
Tax Id:   
Payee TaxId:   
Status Date:

[Print](#)

Application ID:   
Imported Data: N  
Program Year 1  
MU Stage: 2

[User Manual](#)

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**Provider EHR Criteria**

	Criteria	Status	Received Date	Denial Reason	Attested?
<a href="#">Attest</a>	Provider Questions	Pending			No
<a href="#">Attest</a>	EHR Questions	Pending			No
<a href="#">Attest</a>	Patient Volume Questions	Pending			No

# Apply For Year 1 (AIU) Incentive in PIPP



## Document Criteria

### Provider Questions

1. Are you currently enrolled to bill as an Iowa Medicaid provider?
2. My professional license number is
3. Do you have any sanctions pending or imposed against you?
4. What is the NPI of the organization for which you bill?
- Financial Institution Name:
- ABA Routing Number:
- Financial Institution Account Number:
- Type of Account:
5. Hospital-based EPs are not eligible for the incentive payment. Are you a hospital-based provider?
6. Are you a Pediatrician?
8. Are you attesting to patient volume at a group or individual level?
9. Do you practice in multiple locations?
11. EPs can choose to attest to AIU or MU in their first year of program participation without reducing their payments or years of eligibility. To what are you attesting?
12. You entered an email address at the CMS R&A site which feeds into this Iowa attestation system and is used as your primary contact if Iowa Medicaid Enterprise has any questions regarding your attestation.  
Enter the primary or an alternate contact's email address

Screenshot  
of Provider  
Questions

# Apply For Year 1 (AIU) Incentive in PIPP



## Document Criteria

### EHR Questions

1. Have you adopted, implemented, or upgraded to certified electronic health record (EHR) technology?

Not Answered ▼

2. CMS EHR Certification number:

2a. Name, version, and description of Certified EHR System:

To qualify for the EHR incentive program, you must show that you have the current, required version of certified electronic health record technology (CEHRT).  
The following is acceptable documentation for such proof:

- A page of the contract or lease showing the provider, vendor, and name of the certified EHR technology and the dated signature page.
- If your current contract/lease agreement requires the vendor to provide you with appropriate updates/upgrades including certified EHR technology, a signed and dated copy of amendment/attachment showing the installation of certified EHR technology.
- A copy of your invoice or purchase order identifying the vendor and certified EHR technology being acquired and proof of payment.

What is **NOT** acceptable as documentation.

A screenshot of CHPL showing a certified EHR system and/or module(s) is **not** sufficient documentation.

If you have a question about what is acceptable documentation, please contact the Iowa Medicaid EHR Incentive Program staff at [imeincentives@dhs.state.ia.us](mailto:imeincentives@dhs.state.ia.us).

No Documents found.

Add Document

OK

Cancel

Screenshot  
of EHR  
Questions



# Apply For Year 1 (AIU) Incentive in PIPP



## Document Criteria

### Patient Volume Questions

Incentive Year: 2016

1. To be eligible for the incentive, 30% of your patient encounters (20% for pediatricians) over a consecutive 90-day period in the previous calendar year must be attributable to Medicaid (needy individuals for those practicing predominantly in an FQHC or RHC). Provide the beginning and end dates for the 90-day period you are claiming to prove patient volume requirements.

Begin Date:

End Date:

2. What is the total number of patient encounters within the selected 90-day period?  
(i.e. your denominator)

3. What is the total number of enrolled Medicaid encounters for the selected 90 day period?  
(i.e. your numerator)

4. Percentage of enrolled Medicaid encounters over the selected 90-day period:

5. Are any of your Medicaid patients covered by another state's Medicaid program?

6. 'Practices Predominantly' means an EP for whom the clinical location for over 50 percent of his or her total patient encounters over a period of 6 months in the most recent calendar year occurs at a federally qualified health center or rural health clinic.

Do you meet the definition of Practices Predominantly?

7. What is the auditable data source you are using to calculate patient volume?

8. Are you including inpatient encounters in your patient volume?

9. Are you including Magellan encounters?

10. Are you including patients for whom you did not have an encounter in the 90-day period from your MediPASS panel (but for whom you did see in the previous 12 months) in your numerator?

11. Are you including patient encounters where Medicaid had no liability to pay (zero-paid claims or unbilled claims)

Screenshot  
of Patient  
Volume  
Questions

# 2016 Medicaid Attestation Dates



- February 2, 2016: 2016 Attestation opened on for those attesting to AIU (Adopt/Implement/Upgrade)
- April 2, 2016: 2016 attestation opened for first-time Meaningful Use reporters; 90-day EHR reporting period.
- Iowa Medicaid will accept 2016 attestations through March 31, 2017 at 11:59 pm.



Medicaid EHR Incentive Program

# Meaningful Use Reporting

# Meaningful Use EHR Reporting Period



- The EHR reporting period for all providers is based on the calendar year
- The EHR reporting period for all **returning** MU participants is a full calendar year (January 1 to December 31, 2016)
- For **first-time** MU participants in 2016, the EHR reporting period is a minimum of a continuous 90-day period between January 1 and December 31, 2016

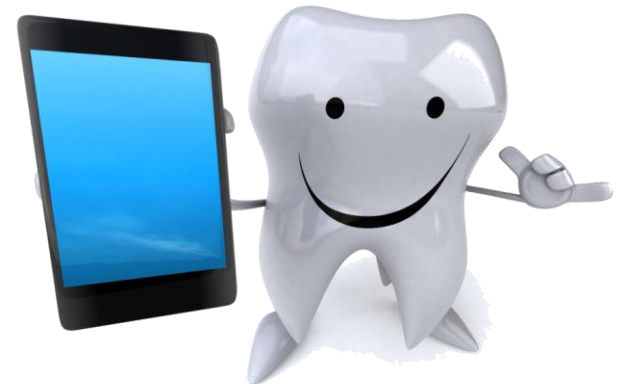


# MU Objective and Measure Requirements



## Single Set of Objectives and Measures + CQMs

- **10 Objectives for EPs**
  - Including consolidated Public Health Objective
- **9 Clinical Quality Measures (CQMs)**



# MU Objectives and Measures



- All providers are required to attest to a single set of objectives and measures.
- For EPs, there are 10 objectives.
- In 2016, all providers must attest to objectives and measures using EHR technology certified to the 2014 Edition or the 2015 Edition, or a combination of the two.
- For full details on the MU measures, go to:  
<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html>



# Attestation Checklist







## Before you begin online attestation:

- Meet all of the necessary measures to successfully demonstrate meaningful use
- Complete the appropriate reporting period and timeframe
- Have a successful and active registration status in the Registration and Attestation System
  - CMS for Medicare OR
  - CMS and PIPP for Medicaid
- Save a copy of all supporting documents (electronic & hard copy)
- Obtain your CMS EHR Certification Number from your vendor and from <http://chpl.healthit.gov>

# Medicaid MU Attestation: Example



## Screenshot of Meaningful Use Questions in PIPP

Meaningful Use Questions	
<a href="#">Instructions</a> To qualify for an incentive payment the EP/EH must specify the EHR Reporting period, answer the general questions below and attest to each of the objectives.	
#	Measure
GEN-1	EHR Reporting Period <input type="text"/>  <input type="text"/> 
GEN-2	<p>Objective: How many of your unique patients seen during the EHR Reporting Period have their data in the certified EHR technology?</p> <p>Numerator: Number of patients in the denominator with data maintained in a certified EHR during the EHR reporting period. Numerator: <input type="text"/></p> <p>Denominator: Number of unique patients seen by the EP during the EHR reporting period. Denominator: <input type="text"/></p> <p>Percentage: <input type="text"/></p>
GEN-3	What is the principal county in which you practice? <input type="text"/> 
GEN-4	Select the specialty that best describes your individual scope of practice <input type="text"/> 



# Medicaid MU Attestation: Example



## Screenshot example of an MU measure in PIPP (e-Prescribing)

<b>Objective:</b> Generate and transmit permissible prescriptions electronically (eRx).	
<b>Measure:</b> More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	
Any EP who:	
<b>Exclusion 1:</b> Writes fewer than 100 permissible prescriptions during the EHR reporting period; or	
<b>Exclusion 2:</b> Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.	
Does Exclusion 1 to this measure apply to you?	<input type="radio"/> Yes <input type="radio"/> No
Does Exclusion 2 to this measure apply to you?	<input type="radio"/> Yes <input type="radio"/> No
<b>Numerator:</b> The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.	<b>Numerator:</b> <input type="text"/>
<b>Denominator:</b> Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.	<b>Denominator:</b> <input type="text"/>
	<b>Percentage:</b>
<b>The denominator data was extracted:</b>	
<input type="radio"/> from ALL patient records, not just those maintained using certified EHR technology.	
<input type="radio"/> only from patient records maintained using certified EHR technology.	

# MU Objectives & Measures Tool



- Full tool can be found on Iowa DHS HIT/EHR Website (link on next slide)



Meaningful Use Final Rule – Modified Stage 2 10 Objectives and Measures for Eligible Professionals – 2016					
No.	Objectives	Measures and Exclusions for EPs in 2016	Exclusions/ Alternate Exclusions	Applies to Dental EPs	Attestation
1	Protect Patient Health Information	<b>Measure:</b> Conduct or review a security risk analysis during the reporting period; address encryption/security of ePHI created or maintained by CEHRT & implement security updates as necessary & correct identified security deficiencies as part of the provider's risk management process.	None	Yes	Yes/No
2	Clinical Decision Support (CDS)	<b>Measure 1:</b> Implement 5 CDS interventions related to 4 or more CQMs at a relevant point in patient care for the entire EHR reporting period. If 4 CQMs related to an EP's scope of practice or patient population are not available or "absent" from the EP's EHR, the CDS interventions must be related to high-priority health conditions.	None	Yes	Yes/No
		<b>Measure 2:</b> The EP has enabled & implemented the functionality for drug-drug & drug-allergy interaction checks for the entire EHR reporting period.	<b>Exclusion:</b> For Measure 2, any EP who writes fewer than 100 medication orders during the EHR reporting period.	Possible (see Exclusion)	Yes/No

# Helpful Resources

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## **Iowa DHS Health Information Technology (HIT) & Electronic Health Records (EHR) Website**

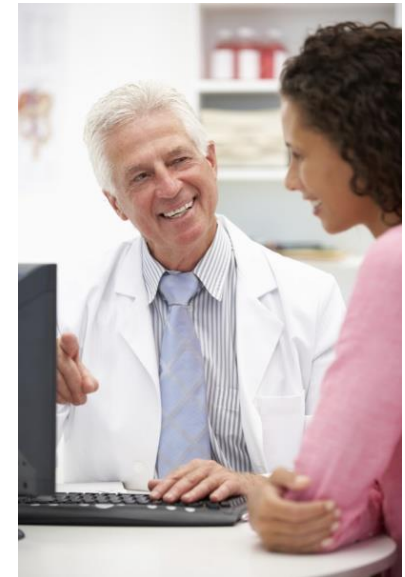
<http://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/EHRincentives>

## **CMS EHR Incentive Programs & Meaningful Use**

<https://www.cms.gov/ehrincentiveprograms>

## **HealthIT.gov Website**

<https://www.healthit.gov>





## Contact Information

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